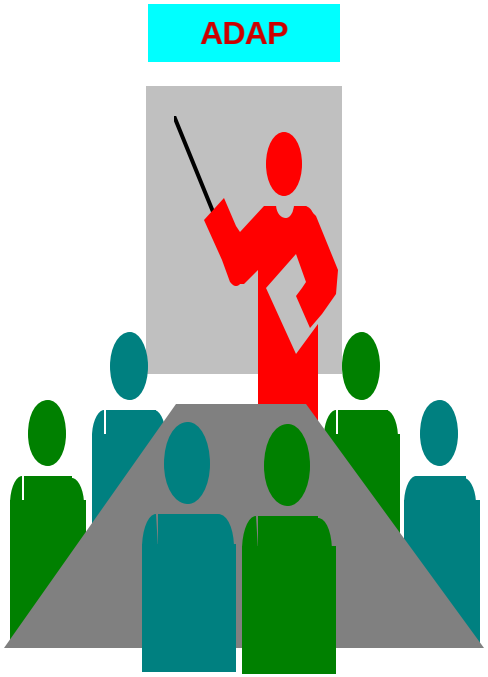
1999 State AIDS Drug Assistance Programs (ADAP)

What Is the ADAP Program?



AIDS Drug Assistance Programs (ADAPs) are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (reauthorized in 1996 and 2000). All 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands have an ADAP. Guam first operated a State ADAP program in calendar year 2000. Data used in this presentation come from the Annual Administrative Report.

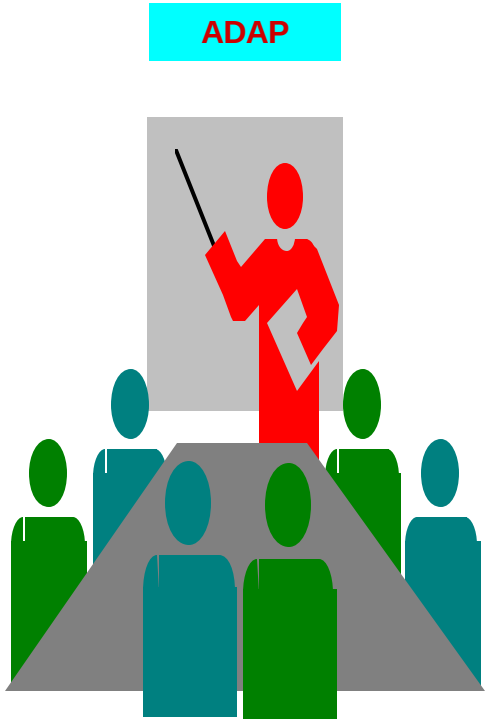
The Annual Administrative Report (AAR) is a provider-based reporting system. In the AIDS Pharmaceutical Assistance AAR (APA AAR), State ADAPs provide aggregate data on individuals with HIV or AIDS who received medications during the reporting period.

In 1999, 50 of the 53 ADAPs submitted reports. Maine, Oklahoma, and Wyoming State ADAPs did not report an APA AAR Report for calendar year 1999.

ADAP funds are used to provide medications to treat HIV disease, including measures for the prevention and treatment of opportunistic infections. As a payor of last resort, ADAP only serves individuals that have neither public nor private insurance, or can not get all of their medication needs met through their insurance payor.

1999 State AIDS Drug Assistance Programs (ADAP)

What Is the ADAP Program?
(...Continued)



ADAPs have served clients since 1987, when zidovudine (AZT) became the first drug approved by the Food and Drug Administration (FDA) to treat HIV disease.

Since 1996, client demand and program costs for ADAP have significantly increased for the following reasons:

(1) demonstrated effectiveness of protease inhibitors (PI) and combination therapy;

(2) increased longevity of people living with HIV/AIDS; and

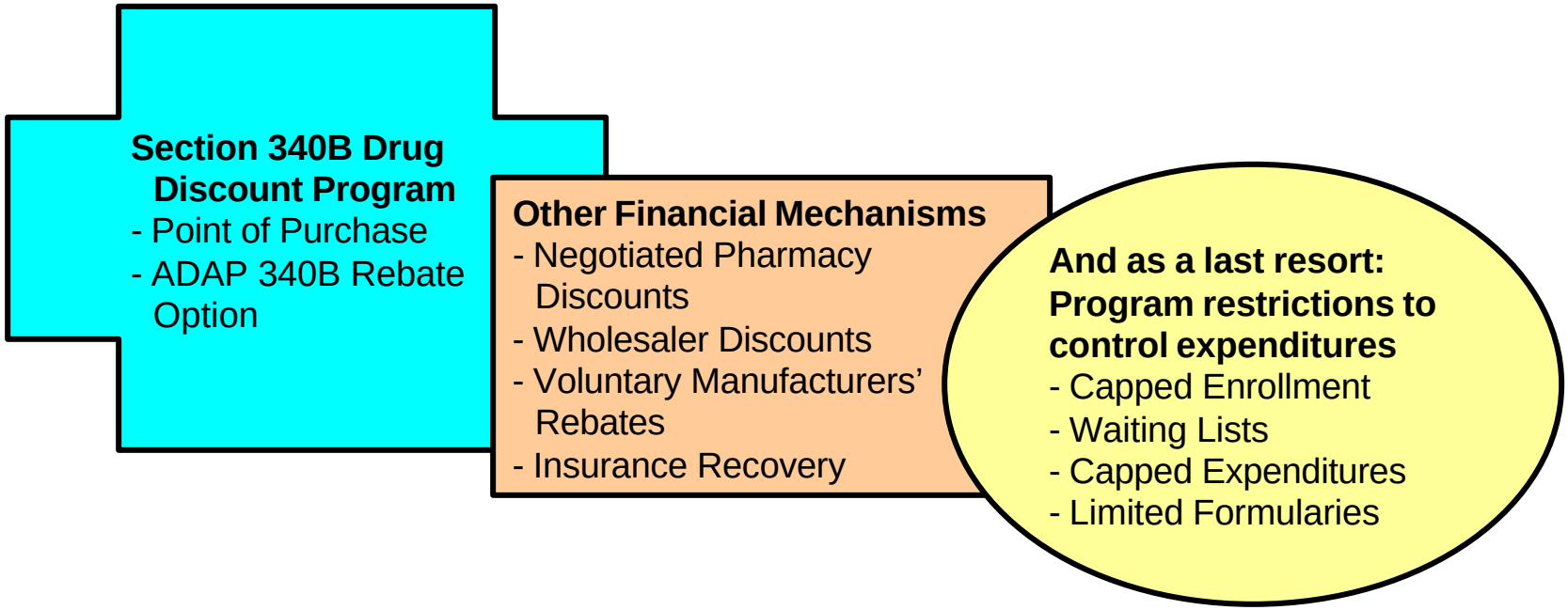
(3) the high cost of newly approved drugs that must be used in multiple drug regimens.

Future demand on ADAP resources is expected to escalate as the standard of care evolves for people living with HIV/AIDS, a significant number of patients continue to respond positively to the new drug therapies, and some patients begin to rely on salvage treatment regimens.

1999 State AIDS Drug Assistance Programs (ADAP)

Cost Containment

Since the creation of ADAP, States have worked hard to maximize resources in order to provide medications to as many low-income and inadequately insured individuals living with HIV and AIDS as possible. Recently, however, States have faced enormous challenges as a result of rapid growth in ADAP enrollment, the number of prescriptions per enrollee, and the cost of treatments. To maximize resources, ADAPs have adopted a wide variety of cost-containment strategies, including:



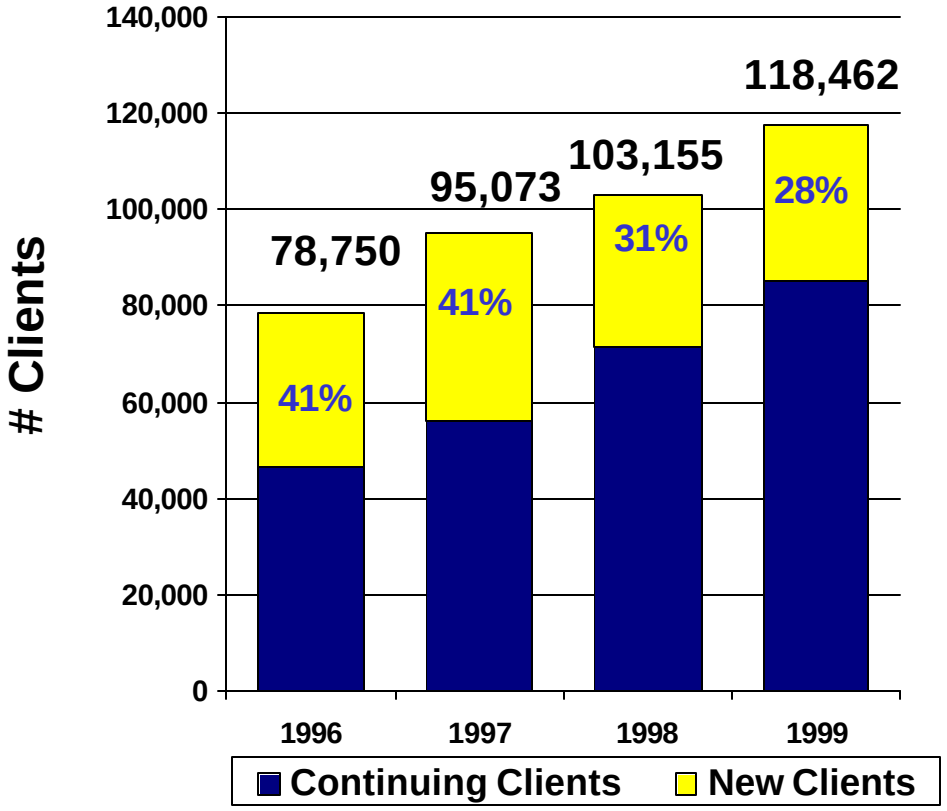
Participation in the Section 340B Drug Discount Program is the most frequently used and most effective cost-saving strategy available to ADAPs. As of fiscal year 1999, 47 ADAPs participate in the Public Health Service Section 340B Program either in the point of purchase system or the ADAP 340B rebate option.

1999 State AIDS Drug Assistance Programs (ADAP)

New Clients and Continuing Clients 1996-1999

- In 1999, State ADAP programs reported serving 118,462 enrolled clients, an increase of 15% from 1998 (103,155). Of the total clients, 28% (32,614) were first time clients, a significant percentage decrease from previous years.

- Increases in the number of clients in the past 2 years are directly related to the increased demand for medications with the advent of protease inhibitors and combination therapy. Another reason for the increase in the total number of ADAP clients is the extended life expectancy for people living with HIV/AIDS.



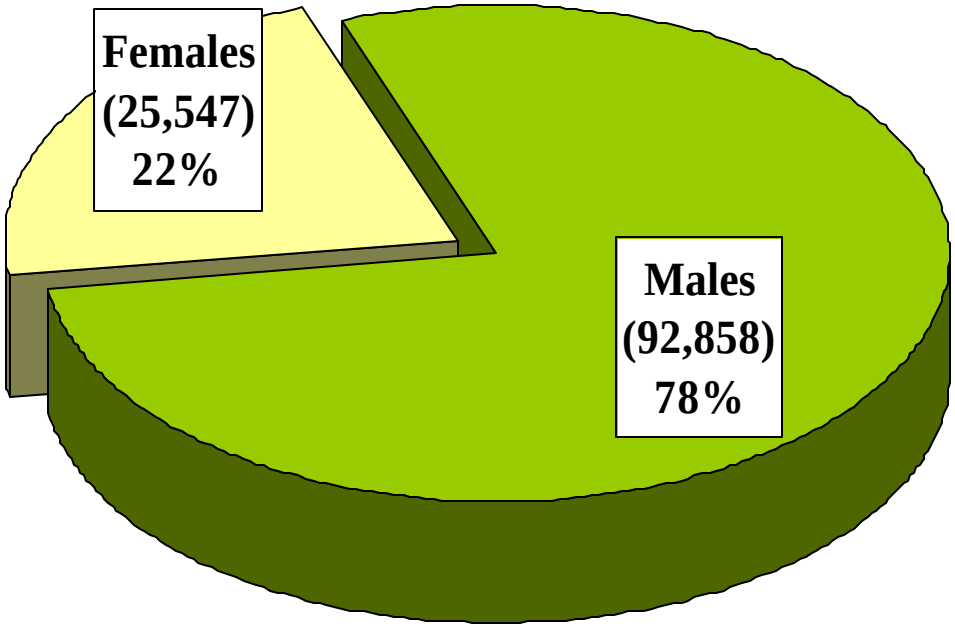
Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Gender Distribution (N= 118,462*)

- In 1999, the majority of clients served by State ADAPs were men (78%).

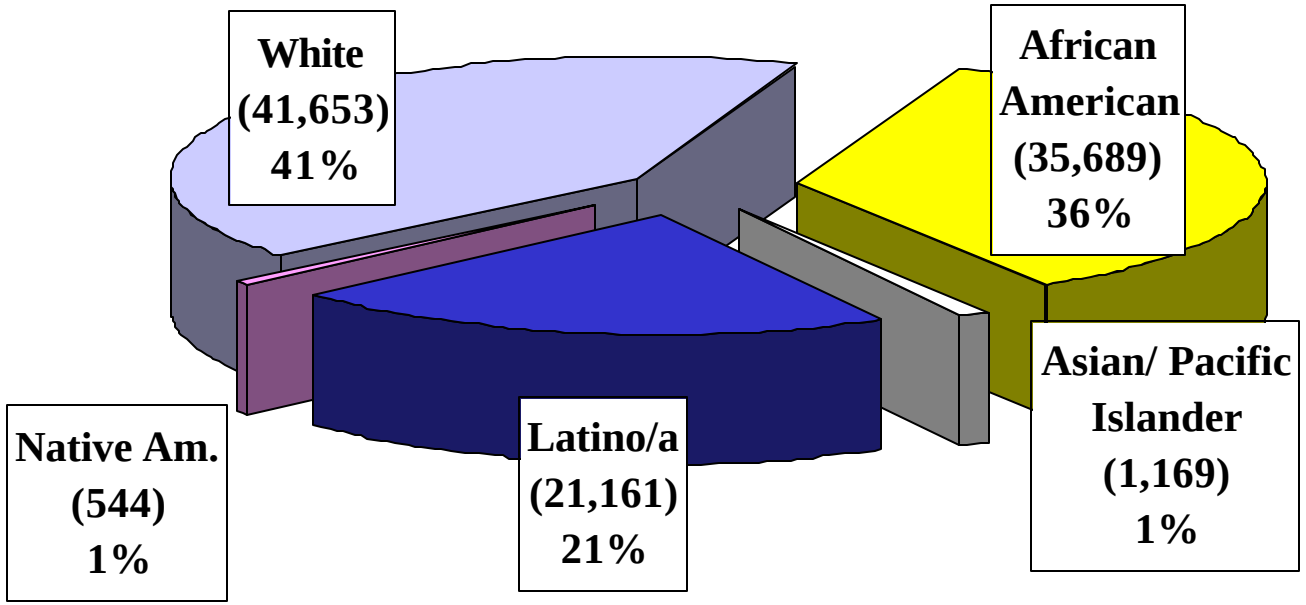
- 1999 was the first year that the percentage of females participating in ADAP increased from 20% (21,000) in 1998 to 22% (25,547) in 1999.



* N = Total number of clients reporting gender.
Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Race/ethnicity Distribution (N= 100,216*)



- The number of African Americans served by State ADAP programs increased 16% from 1998 (30,877) to 1999 (35,689), while the number of Latino clients declined 25% during the same time period (28,106 in 1998 versus 21,161 in 1999). State ADAPs also reported serving more Asian/Pacific Islander, White, non-Hispanic and Native American/Aleutian/Eskimo clients in 1999 than in 1998.

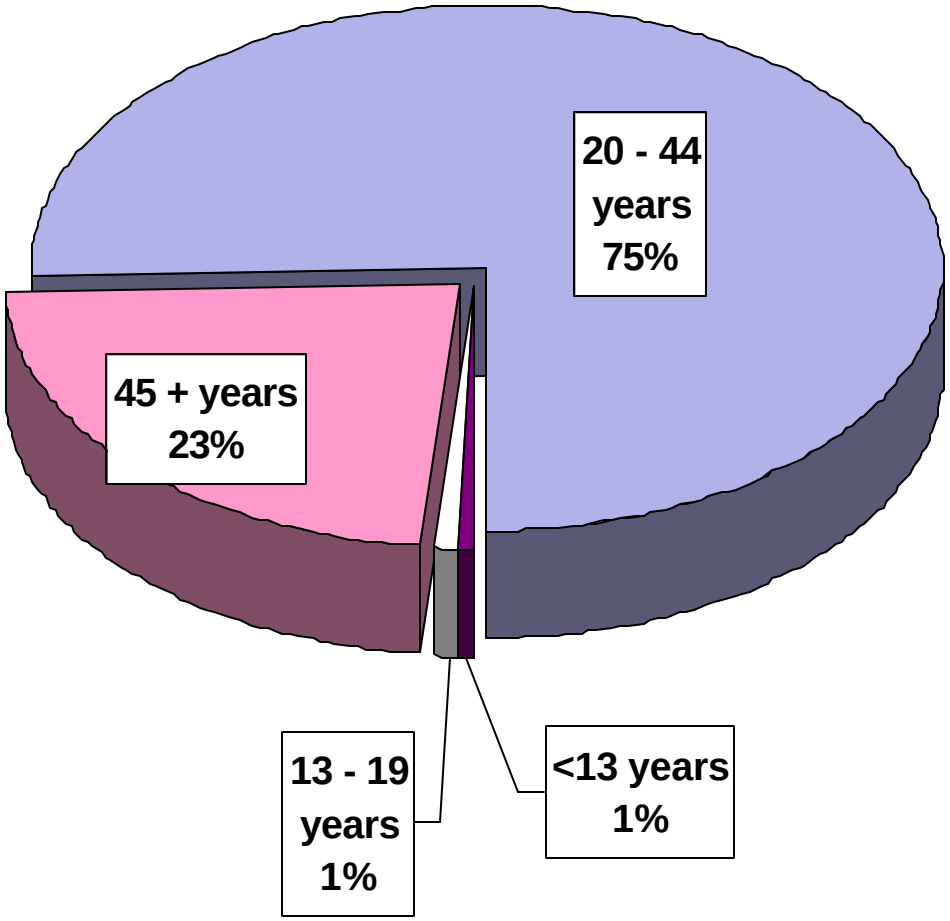
* N = Grantees (9) missing data in any of the race/ethnicity categories were excluded from this analysis. Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Age Distribution (N=95,132*)

- In 1999, 75% of ADAP clients were between 20 to 44 years of age, and 23% were 45 years or older.

- In 1999, the number of ADAP clients between 20 - 44 (71,969) years of age decreased by 9% from 1998 (79,083). Clients at least aged 45 and served by ADAP decreased by 1% from 1998 (22,039) to 1999 (21,750).



* N = Grantees (11) missing data in any of the age categories were excluded from this analysis. Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

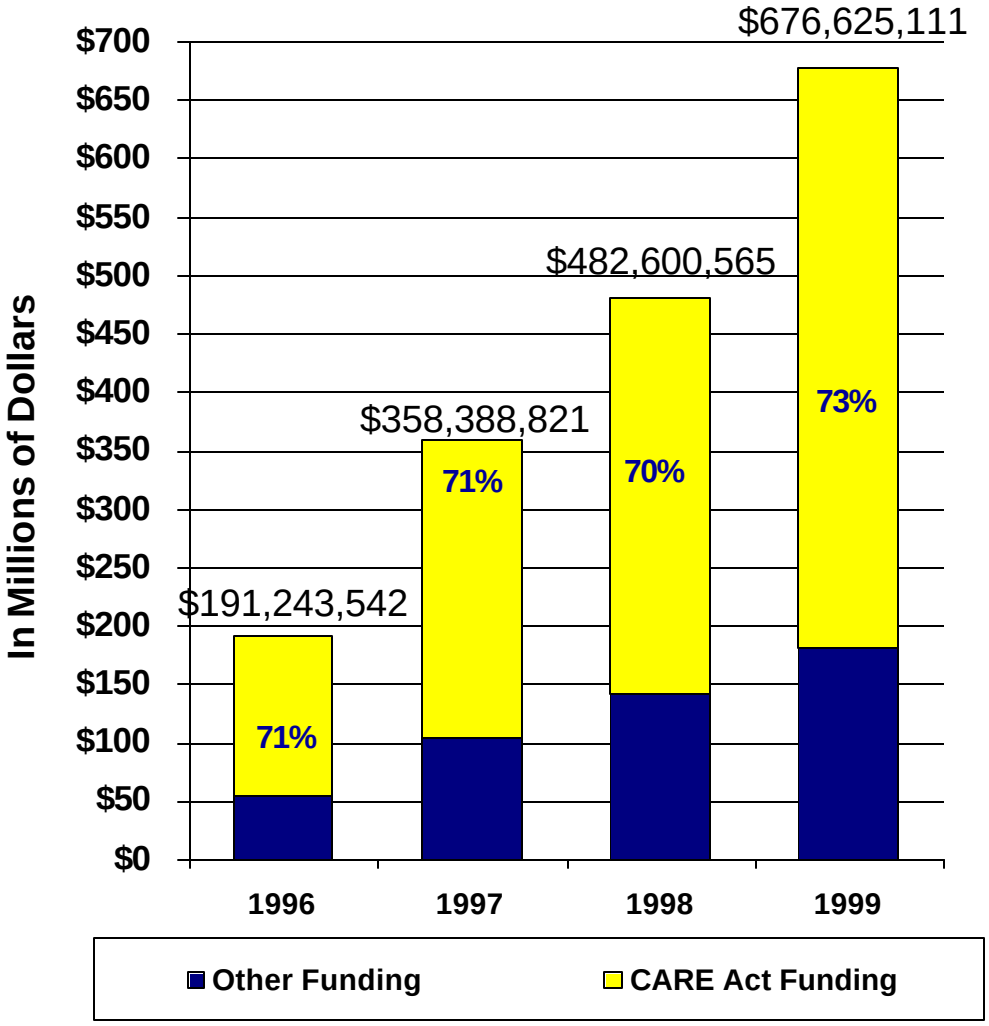
1999 State AIDS Drug Assistance Programs (ADAP)

Percent of Ryan White CARE Act Funding Vs. Non-CARE Act Funding* 1996 - 1999

The total funding for State ADAPs has increased each year. Relative to the previous year, total funding increased 87% in 1997, 35% in 1998, and 40% in 1999. During this period, total ADAP funding has grown approximately 3.5 times the 1996 level.

More impressive is the growth in RWCA funding, which expanded 265% from approximately $136 million in 1996 to nearly $496 million in 1999. RWCA funding jumped 49% from 1998 to 1999.

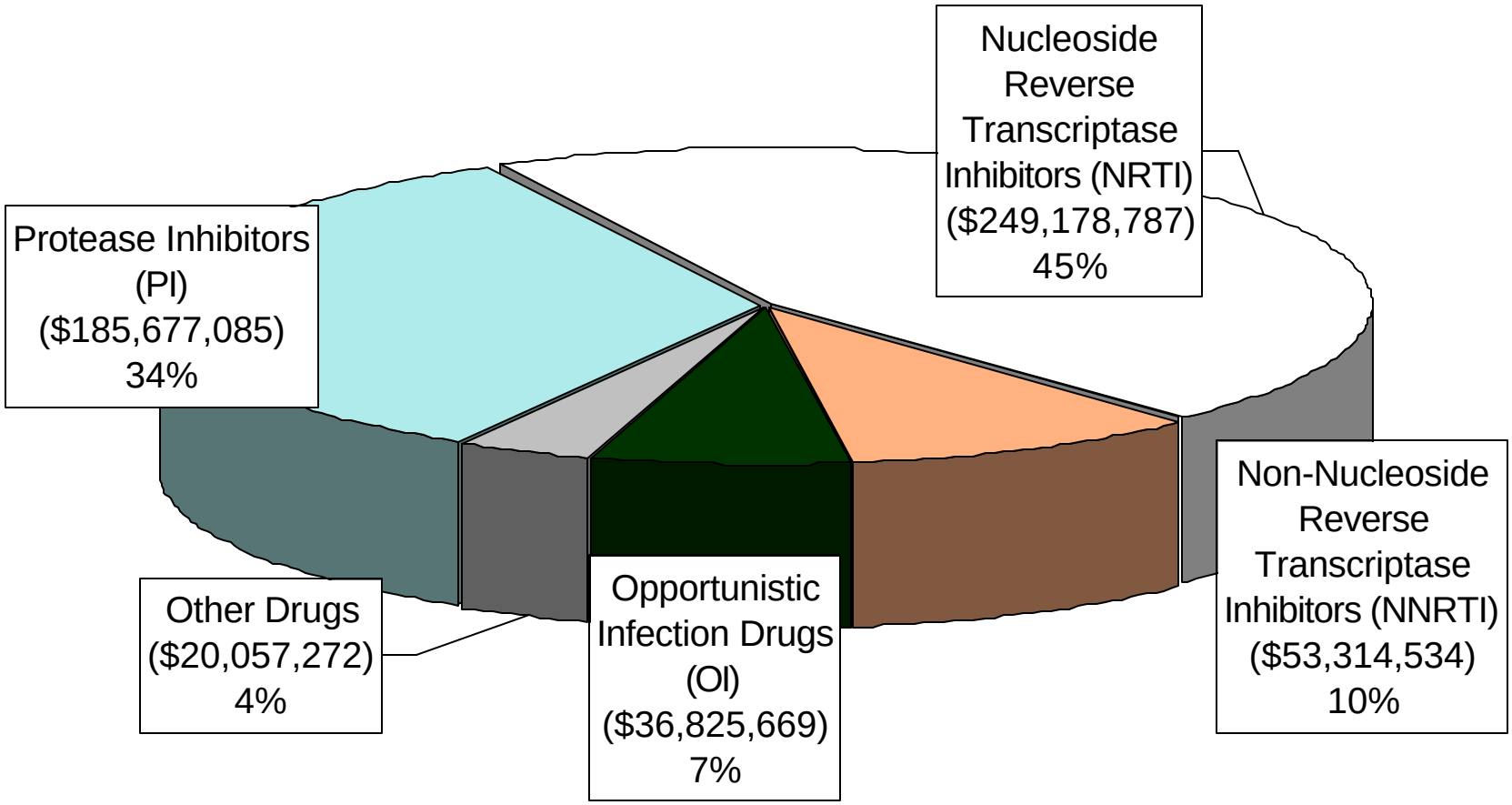
In 1998 and 1999, the Ryan White CARE Act Title II ADAP earmark was the primary source of funding for the ADAP program.



* CARE Act funding includes Ryan White CARE Act Title I, Title II base, Title II ADAP earmark, and other Ryan White CARE Act funding. Other funding includes Medicaid, Medicare, Federal Section 329, 330, 340, other Federal, State and Local funding, other public payments, manufacturer rebates, private contributions, and client payments.
Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Total Drug Expenditures by Drug Classification*



In 1999, State ADAPs spent 89%of $545,053,347 in total drug expenditures on antiretroviral medications (PI, NRTI, and NNRTI), a slight increase from 1998 (87%). Expenditures were higher in 1999 for NNRTIs (10% in 1999 vs. 4% in 1998), but slightly lower for PIs (34% in 1999 vs. 39% in 1998) than in 1998.

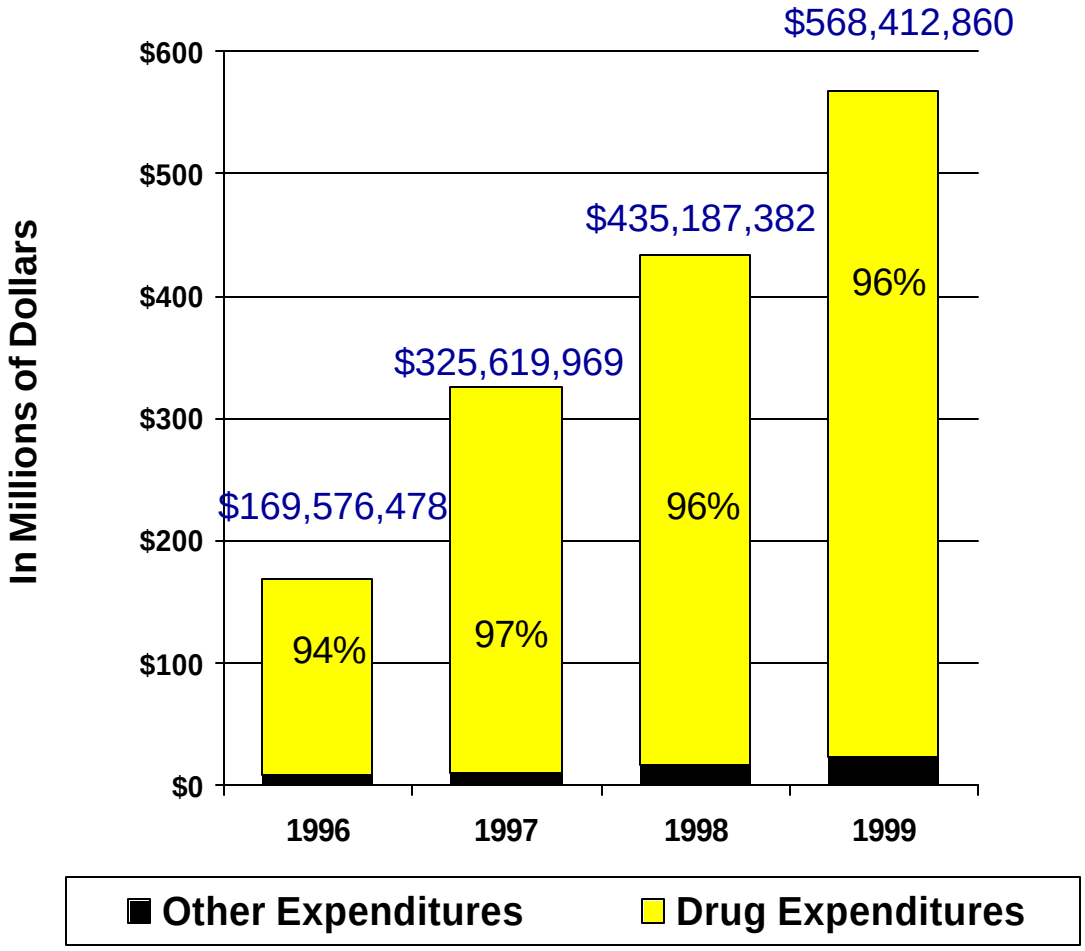
* Note: See appendix for list of drugs in each drug class
Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Percent of Expenditures for Drugs Vs. Other Expenditures* 1996 - 1999

In 1999, approximately 96% of all State ADAP expenditures were for drugs and 4% was spent on administration and ancillary devices. Total expenditures allocated to drugs increased overall by 241% from 1996 ($160 million) to 1999 ($545 million). Although drug expenditures increased each year during this period, the percent increase has declined. From 1996 to 1997, expenditures rose 96% ($160 -$314 million respectively), but only increased 33% in 1998 ($418 million) and 30% in 1999 ($545 million).

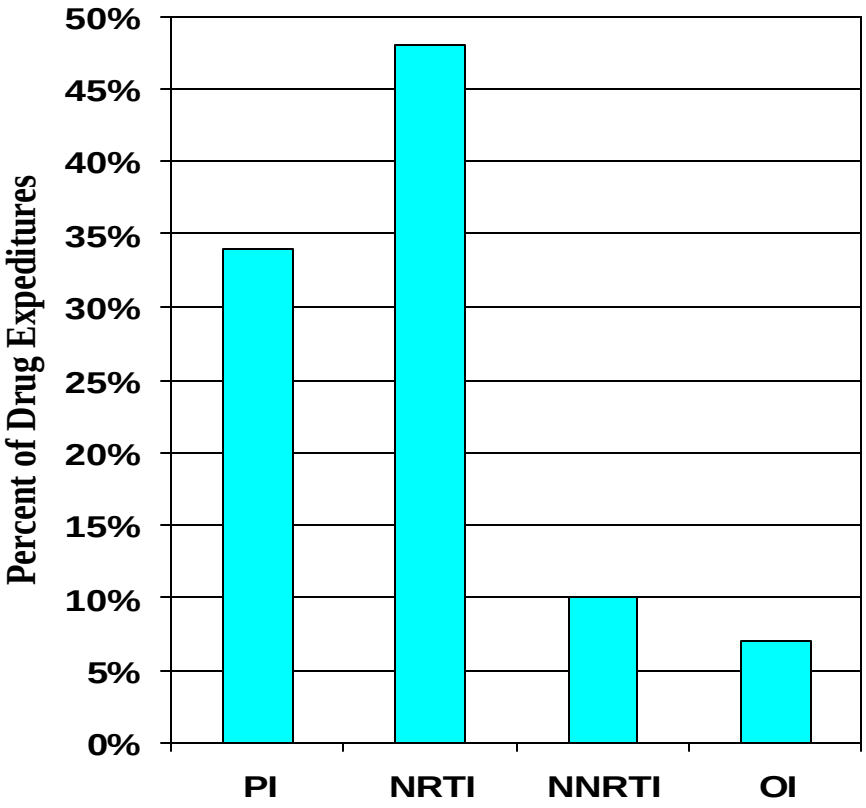
Please note: expenditure information may differ from appropriation information due to the calendar year reporting period for the Annual Administrative Report. State ADAP funding data is found on the "1999 State ADAP Percent of RWCA Funding vs. Non-CARE Act Funding 1996-1999" Slide.



* Other expenditures includes administration and ancillary devices (e.g., tubing, nebulizers, etc.) needed to administer these therapies. Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Total Drug Expenditures by Drug Classification



- Protease Inhibitors (PI)
  - 5 drugs available (includes both forms of saquinavir).
  - PI cost - $185,677,085
- Nucleoside Reverse Transcriptase Inhibitors (NRTI)
  - 7 drugs available.
  - NRTI cost - $249,178,787
- Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)
  - 3 drugs available
  - NNRTI cost - $53,314,534
- Opportunistic Infection Drugs (OI)
  - 30 drugs reported. No State ADAP programs purchased influenza virus vaccine (or varicella zoster immune vaccine).
  - OI cost - $36,825,669

Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Top 10 Medications by the Number of Clients

	Generic Drug Name	Drug Class	# Clients	Expenditure
1.	Stavudine	NRTI	55,428	$61,135,891
2.	Lamivudine	NRTI	45,208	$47,752,151
3.	Combivir	NRTI	43,756	$96,471,876
4.	Nelfinavir	PI	37,100	$92,204,177
5.	Trimethoprim-sulfamethoxazole	OI	33,237	$1,128,288
6.	Indinavir	PI	27,141	$45,982,897
7.	Efavirenz	NNRTI	21,973	$29,672,750
8.	Didanosine	NRTI	20,544	$17,660893
9.	Nevirapine	NNRTI	19,326	$22,404,942
10.	Saquinavir	PI	15,862	$22,668,973

In 1999, antiretrovirals (PIs, NRTIs, NNRTIs) were the most commonly prescribed HIV medications provided by State ADAPs. These drugs are prescribed in combination; therefore, a single client may have received multiple drugs on this table.

Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. New Mexico's 1999 ADAP report did not include data on the number of clients by drug. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Top 10 Medications by Expenditures

	Generic Drug Name	Drug Class	Expenditure	# Clients
1.	Combivir	NRTI	$96,471,876	43,756
2.	Nelfinavir	PI	$92,204,177	37,100
3.	Stavudine	NRTI	$61,135,891	55,428
4.	Lamivudine	NRTI	$47,752,151	45,208
5.	Indinavir	PI	$45,982,897	27,141
6.	Efavirenz	PI	$29,672,750	21,973
7.	Saquinavir	PI	$22,668,973	15,862
8.	Nevirapine	NNRTI	$22,404,942	19,326
9.	Ritonavir	PI	$19,351,125	14,600
10.	Didanosine	NRTI	$17,660,893	20,544

These drugs are prescribed in combination, therefore a single client may have received multiple drugs on this table.

Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. New Mexico's 1999 ADAP report did not include data on the number of clients by drug. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Appendix: List of FDA Approved Antiretroviral Medications by Drug Class

Protease Inhibitors (PI)	Nucleoside Reverse Transcriptase Inhibitors (NRTI)		Non- Nucleoside Reverse Transcriptase Inhibitors (NRTI)
Saquinavir (Invirase and Fortovase)	Zidovudine/AZT	Abacavir (Ziagen)	Nevirapine
Ritonavir	Stavudine/d4T	Lamivudine/3TC	Delavirdine
Indinavir	Didanosine/ddI	Combivir/ATZ+3 TC	Efavirenz
Nelfinavir	Zalcitabine/ddC		
Amprenavir			

Maine, Oklahoma and Wyoming State ADAPs did not report 1999 data. New Mexico's 1999 ADAP report did not include data on the number of clients by drug. In 1999, Guam did not operate an ADAP.

1999 State AIDS Drug Assistance Programs (ADAP)

Appendix: List of FDA Approved Opportunistic Infection (OI) Drugs

Cidofovir	Acyclovir	Atovaquone	Leucovorin	Hepatitis A vaccine
Foscarnet	Famciclovir	Dapsone	Pyrimethamine	Hepatitis B vaccine
Ganciclovir	Valacyclovir	Pentamidine	Sulfadiazine	Influenza vaccine*
Fomivirsen	Azithromycin	Ethambutol	Rifampin	Pneumococcal vaccine
Fluconazole	Clarithromycin	Isoniazid	Filgrastim (G-CSF)	Trimethoprim/sulfamethoxazole
Itraconazole	Rifabutin	Pyrazinamide	Ketoconazole	Varicella zoster immunoglobin vaccine*

* No State ADAPs purchased this drug. Maine and Wyoming ADAPs did not report 1999 data. Ganciclovir is available as a PO, implant or IV. Pentamidine is available aerosolized. New Mexico's 1999 ADAP report did not include data on the number of clients by drug. In 1999, Guam did not operate an ADAP.